I-Decisions Inc.
An Independent Review Organization
5501 A Balcones Drive, #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Ten sessions of an interdisciplinary chronic pain rehabilitation program

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Certified by the American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent Psychiatry
Licensed by the Texas State Board of Medical Examiners

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Adverse Determination Letters, 1/15/10, 2/3/10
Request for MDR, 2/25/10
12/10/09
Treatment Plan, 12/10/09
Physical Performance Evaluation, 1/13/10
Problem Focused History, 11/18/09, 12/22/09
Treatment Plan, 12/28/09, 11/18/09
MD, 10/20/09
ODG Pain Chapter

PATIENT CLINICAL HISTORY SUMMARY
The patient sustained an injury to her right wrist while working at her job . She has not been able to return to work. Dr. MD has diagnosed her with wrist sprain/strain, tenosynovitis of the hand/wrist and borderline carpal tunnel syndrome. He has recommended a pain management program as the next step in her care. EMG/NCV shows mild borderline carpal tunnel syndrome. X-rays show no VISI or DISI deformity, no arthritis, and MRI shows a little fluid distal to the ulnar joint, possible TFCC injury. She has been treated with physical therapy, medications, injections, and a splint. She is not considered a surgical candidate. The records indicate the patient has depression, anxiety and fear avoidance factors.

According to the request from Dr. Ph.D., a request for psychotherapy was turned down by the insurance company. A request has been made for a chronic pain management program. However, the reviewer denied the request stating that a multidisciplinary assessment has not been made and there is not an absence of other options.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

A review of the medical records supports Dr. assertion that all reasonable medical treatments have been exhausted, and the orthopedic surgeon has also weighed in that a chronic pain management program is the most likely next step. The patient has had several complete evaluations, including a behavioral health assessment and chronic pain management assessment, both of which indicate the need for further treatment. The depression and anxiety issues have not been previously addressed. The patient meets all of the criteria outlined in the ODG for a chronic pain management program. The reviewer finds that medical necessity exists for ten sessions of an interdisciplinary chronic pain rehabilitation program.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)